Republic of the Philippines
CAVITE STATE UNIVERSITY
CCAT Campus
Rosario, Cavite

Consultation Form

Date		Time in		Time out		Case No.					
	Employee		Dependent		Student		OPD	Course/ Department			

Personal Data

Name		Age		Sex		C.S.	
Address		Birthday					
Chief Complaint							

Contact person in case of emergency		**Previous Consultation**	
Name		Date	
Relationship		Diagnosis	
		Medications	
Contact No.		Attending Physician	

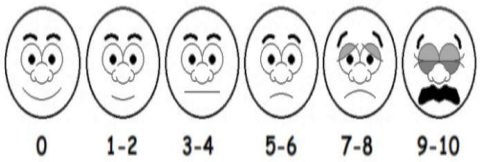
Assessment Section

Mode of Arrival						**Vital Signs**	*BP*	*Temp*	*PR*	*RR*
	Ambulatory		Assisted		Cuddled/ Carried	*Height*	*Weight*	*O_2 Sat*	*LMP*	

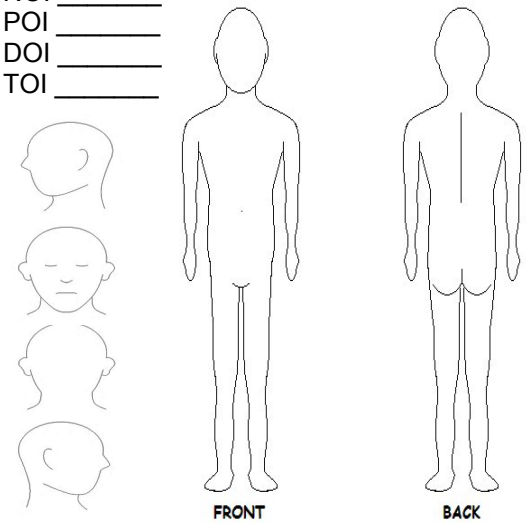
Valuables ☐ *Yes* ☐ *None*
If yes, items were released to:
☐ Patient ☐ Relatives ☐ Companion
☐ CvSU Security on Duty

Patient with injuries? ☐ *Yes* ☐ *None*
If yes,
☐ abrasion ☐ contusion ☐ fracture ☐ other
☐ laceration ☐ puncture ☐ sprain

Patient in pain? ☐ *Yes* ☐ *No*



NOI _____
POI _____
DOI _____
TOI _____



GLASGOW COMA SCALE
Please encircle the corresponding score

EYE	Opens Spontaneously	4
	Opens to Speech / Voice	3
	Opens to Pain	2
	No Response	1
VERBAL	Oriented	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Words	2
	No Response	1
MOTOR	Obeys Commands	6
	Localizes Pain	5
	Withdrawal Signs	4
	Flexion to Pain	3
	Extension to Pain	2
	No Response	1
TOTAL SCORE		

Allergies	Family History	Medical History
☐ Food ☐ Drugs ☐ Others	☐ PTB ☐ Cancer ☐ DM ☐ Cardiovascular ☐ Others	☐ Seizure ☐ Cardio ☐ Neuro ☐ Asthma ☐ PTB ☐ Others ☐ Surgery ☐ OBGyne

(Back page of Consultation Form...)

Diagnosis

Doctor's Order	Interventions
S> **O>** **A>** **P>**	
Attending Physician	